



General Assembly

January Session, 2019

Committee Bill No. 6088

LCO No. 5487



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Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

**AN ACT CONCERNING CONTRACTING HEALTH ORGANIZATIONS
AND DENTISTS, DENTAL PLANS AND PROCEDURES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-479 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2020*):

3 (a) As used in this section and section 38a-479b:

4 (1) "Contracting health organization" means a managed care
5 organization, as defined in section 38a-478, or a preferred provider
6 network, as defined in section 38a-479aa.

7 (2) "Provider" means a physician, surgeon, chiropractor, podiatrist,
8 psychologist, optometrist, dentist, naturopath or advanced practice
9 registered nurse licensed in this state or a group or organization of
10 such individuals, who has entered into or renews a participating
11 provider contract with a contracting health organization to render
12 services to such organization's enrollees and enrollees' dependents.

13 (b) Each contracting health organization shall establish and
14 implement a procedure to provide to each provider:

15 (1) Access via the Internet or other electronic or digital format to the
16 contracting health organization's fees for (A) the current procedural
17 terminology (CPT) codes or current dental terminology (CDT) codes
18 applicable to such provider's specialty, (B) the Health Care Procedure
19 Coding System (HCPCS) codes applicable to such provider, and (C)
20 such CPT codes, CDT codes and HCPCS codes as may be requested by
21 such provider for other services such provider actually bills or intends
22 to bill the contracting health organization, provided such codes are
23 within the provider's specialty or subspecialty; and

24 (2) Access via the Internet or other electronic or digital format to the
25 contracting health organization's policies and procedures regarding
26 (A) payments to providers, (B) providers' duties and requirements
27 under the participating provider contract, (C) inquiries and appeals
28 from providers, including contact information for the office or offices
29 responsible for responding to such inquiries or appeals and a
30 description of the rights of a provider, enrollee and enrollee's
31 dependents with respect to an appeal.

32 (c) The provisions of subdivision (1) of subsection (b) of this section
33 shall not apply to any provider whose services are reimbursed in a
34 manner that does not utilize current procedural terminology (CPT) or
35 current dental terminology (CDT) codes.

36 (d) The fee information received by a provider pursuant to
37 subdivision (1) of subsection (b) of this section is proprietary and shall
38 be confidential, and the procedure adopted pursuant to this section
39 may contain penalties for the unauthorized distribution of fee
40 information, which may include termination of the participating
41 provider contract.

42 Sec. 2. Subsection (a) of section 38a-479b of the general statutes is
43 repealed and the following is substituted in lieu thereof (*Effective*
44 *January 1, 2020*):

45 (a) No contracting health organization shall make material changes

46 to a provider's fee schedule except as follows:

47 (1) At one time annually, provided providers are given at least
48 ninety days' advance notice by mail, electronic mail or facsimile by
49 such organization of any such changes. With respect to a dental plan,
50 such notice shall include the maximum allowable charge for each
51 dental procedure code. Upon receipt of such notice, a provider may
52 terminate the participating provider contract with at least sixty days'
53 advance written notice to the contracting health organization;

54 (2) At any time for the following, provided providers are given at
55 least thirty days' advance notice by mail, electronic mail or facsimile by
56 such organization of any such changes:

57 (A) To comply with requirements of federal or state law, regulation
58 or policy. If such federal or state law, regulation or policy takes effect
59 in less than thirty days, the organization shall give providers as much
60 notice as possible;

61 (B) To comply with changes to the medical data code sets set forth
62 in 45 CFR 162.1002, as amended from time to time;

63 (C) To comply with changes to national best practice protocols made
64 by the National Quality Forum or other national accrediting or
65 standard-setting organization based on peer-reviewed medical
66 literature generally recognized by the relevant medical community or
67 the results of clinical trials generally recognized and accepted by the
68 relevant medical community;

69 (D) To be consistent with changes made in Medicare pertaining to
70 billing or medical management practices, provided any such changes
71 are applied to relevant participating provider contracts where such
72 changes pertain to the same specialty or payment methodology;

73 (E) If a drug, treatment, procedure or device is identified as no
74 longer safe and effective by the federal Food and Drug Administration
75 or by peer-reviewed medical literature generally recognized by the

76 relevant medical community;

77 (F) To address payment or reimbursement for a new drug,
78 treatment, procedure or device that becomes available and is
79 determined to be safe and effective by the federal Food and Drug
80 Administration or by peer-reviewed medical literature generally
81 recognized by the relevant medical community; or

82 (G) As mutually agreed to by the contracting health organization
83 and the provider. If the contracting health organization and the
84 provider do not mutually agree, the provider's current fee schedule
85 shall remain in force until the annual change permitted pursuant to
86 subdivision (1) of this subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2020	38a-479
Sec. 2	January 1, 2020	38a-479b(a)

Statement of Purpose:

To subject dentists, dental plans and procedures to fee transparency requirements that apply to contracts between other providers and contracting health organizations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: REP. PETIT, 22nd Dist.

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